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Facsimile Transmittal

DATE: October 5, 2005

TO: USPTO

ATTN: AMENDMENT

RE: Serial No. 10/750,316

FAX: 571-273-8300

FROM: George C. Pappas

Number of Pages Sent: 12 (including this transmittal cover sheet)

ATTACHED HERETO PLEASE FIND AN AMENDMENT IN 10 PAGES;
TRANSMITTAL FORM (1) PAGE;

PLEASE CALL ME IF YOU HAVE ANY QUESTIONS.

I hereby certify that this correspondence is being sent VIA FACSIMILE to the Commissioner of Patents at fax number (571) 273-8300. Attention Office of Amendments, on:

10/5/05

(Date of Deposit)

Darla D. Kasmedo

(Name of the Person Making the Deposit)

(Signature)

U.S. Department of Commerce
Patent and Trademark Office
PATENT

AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Customer No.: 23696
Attorney Docket No.: 030453
In Re Application of: Jay King
Serial Number: 10/750,316
Filed: 12/30/03
Examiner: Walter Briney
Group Art Unit: 2646

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Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

| CLAIMS | (a) Number Remaining After Amendment | (b) Highest Number Previously Paid For | (c) Extra Claims | Large Entity Fee | Fee Paid |
|---|--|---|------------------------|---------------------------------------|----------|
| Total* | 27 | 30 | 0 | x \$50 = | \$0 |
| Independent** | 7 | 7 | | x \$200 = | \$0 |
| Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | \$360 | \$ |
| EXTENSION FEES | | | | <input type="checkbox"/> One Month | \$120 |
| | | | | <input type="checkbox"/> Two Months | \$450 |
| | | | | <input type="checkbox"/> Three Months | \$1020 |
| TERMINAL DISCLAIMER | | | | \$130 | \$ |
| | | | | TOTAL FEE | \$0 |

*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$0.
The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: 10/5/05

Signature: 

George C. Pappas, Reg. No. 35,065
858-651-1306

QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 658-5787
Facsimile: (858) 658-2502

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

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Depositor's Name: _____
(type or print name)

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FACSIMILE

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Depositor's Name: Darla Kasmedo
(type or print name)

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**OCT 05 2005
PATENT**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | | |
|------------------------------|---|-----------------------------------|
| In Re Application of |) | |
| |) | |
| Jay Steven King |) | For: VERSATILE CIRCUIT FOR |
| |) | INTERFACING WITH AUDIO |
| |) | HEADSETS |
| |) | |
| Serial No. 10/750,316 |) | |
| |) | |
| Filed: 12/30/03 |) | Group No. 2646 |

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated August 10, 2005 please amend the above-identified application as follows:

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

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Date: 10/5/05

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Depositor's Name: Daria Kasmedo

(type or print name)

Signature: _____